

Claim Summary Report – Center Actual Meal Count by Type

Sponsor Name: Test Sponsor Sponsor ID: 012345

Child Care Center
123 State Street
Illinois City IL 00000

November 2024

Final Claim Totals (with adjustments if applicable)

Claim Type	Meal Type	Payable Meals A-Free	Payable Meals B-Reduced	Payable Meals Non Free/Reduced	Total Payable Meals
CACFP Standard	Early Snack	0	0	0	0
	Breakfast	647	229	102	978
	AM Snack	0	0	0	0
	Lunch	471	149	80	700
	PM Snack	875	299	168	1342
	Supper	0	0	0	0
	Evening Snack	0	0	0	0

A/Free: 56
B/Reduced: 18
C/Paid: 9
Total Participants: 83
Claiming Percentage: 89.2%

Total Attendance: 1344
Days Open: 19
Average Daily Attendance: 70.74

Payment Summary			
	Operating	Admin	Total
	Center	Sponsor	
Meals	\$ 5126.43	\$ 903.70	\$ 6030.13
Cash-in-Lieu	\$ 204.30	\$0.00	\$ 204.30
Total	\$ 5330.73	\$ 903.70	\$ 6234.43

Disallowed Meals Summary

Early Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack	Estimated
	63		51	68			\$396.20

Adjustments, if applicable

C-Paid Breakfast	Increase	19
C-Paid Lunch	Increase	19
C-Paid PM Snack	Increase	19

Total Adjustment Amount (Included in Final Claim Amount below): \$23.18

CACFP Expenses

Category	Total Amount	Applied Amount
Allowable Non-Food Supplies	264.21	264.21

Category	Total Amount	Applied Amount
Food (Actual Receipts)	1494.52	1494.52
Non-Allowable Expenses Included on Receipt	168.08	0.00
Operations Labor	2040.00	2040.00
Staff Expenses From Recorded Hours	0.00	0.00
TOTALS	3966.81	3798.73

Milk Audit Totals by Milk Type

Fluid Milk Type	Total Gallons Purchased + Opening Balance	Total Gallons Used	End Balance
1% Milk	66.75	65.25	1.50
Whole Milk	26.00	20.00	6.00